

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HARBOR HEIGHTS OF SHEBOYGAN II (410479)

Address: 505 S WATER ST, SHEBOYGAN, WI 53081

License Status: REGULAR

Licensed/Certified/Registered 11/01/1997

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0097121 **End Date:** 05/19/2006 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007303 Served 06/09/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(f)	RESIDENT BELIEVED TO BE INCOMPETENT		
83.12(5)(a)	SUPERVISION AND MONITORING		
83.19(3)(e)	WHEN POLICE ARE CALLED TO FACILITY		
83.21(4)(w)	SAFE ENVIRONMENT		
83.32(2)(a)1	PHYSICAL HEALTH		
83.32(2)(a)5	HARMFUL BEHAVIOR PATTERNS		
83.33(2)(a)	SUPERVISION		
83.33(3)(e)5	MEDICAL RECORD DOCUMENTATION		
83.43(3)(b)1	TESTING BY SERVICE COMPANY		
83.43(7)(b)	INSTALLATION AND MAINTENANCE		

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Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Survey ID: 0093112 End Date: 07/28/2004 Type: OTHER Purpose: COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007003 Served 08/14/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	04/25/2006	Yes
83.33(3)(e)5	MEDICAL RECORD DOCUMENTATION	04/25/2006	No
83.43(3)(b)2	TESTING OF SMOKE DETECTORS	04/25/2006	Yes
83.43(4)(b)1.d	COMMON USE ROOMS SMOKE DETECTOR	04/25/2006	Yes
83.51(1)(h)	WATERTIGHT, RODENT-PROOF & WEATHERTIGHT	04/25/2006	Yes

Survey ID: 0092408 End Date: 04/13/2004 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10006956 Served 04/29/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.43(3)(b)1	TESTING BY SERVICE COMPANY	07/13/2004	Yes
83.43(3)(b)2	TESTING OF SMOKE DETECTORS		

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Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Survey ID: 0090881 End Date: 07/28/2003 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10006889 Served 09/04/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(2)	CLIENT PROTECTION	04/13/2004	Yes
83.15(1)(a)	STAFFING PATTERNS	04/13/2004	Yes
83.19(1)(d)	PHYSICAL OR MENTAL CONDITION	04/13/2004	Yes
83.21(4)(n)4	FREE FROM PHYSICAL RESTRAINTS	04/13/2004	Yes
83.33(2)(a)	SUPERVISION	04/13/2004	Yes
83.35(5)(a)	FOOD STORAGE	04/13/2004	Yes
83.35(6)(d)	SANITARY FOOD PREPARATION SURFACES	04/13/2004	Yes
83.41(10)(d)	FURNITURE IN GOOD REPAIR	04/13/2004	Yes
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS	04/13/2004	Yes
83.42(3)(d)	STAFF TRAINED IN EMERGENCY PLAN	04/13/2004	Yes
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL	04/13/2004	Yes

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Community Based Residential Facility
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Enforcement History

Date: 09/02/2003 **SOD #**10006889 **Appealed:** No

Sanctions

OTHER SANCTION
FORFEITURE---13.05(2)

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Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Complaint History

Date Complaint Received: 02/13/2006

Date Investigation Completed: 05/10/2006

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	
HOMELIKE ENVIRONMENT & CLEANLINESS	NOT SUBSTANTIATED	
MEDICATIONS	NOT SUBSTANTIATED	
ADMINISTRATION	SUBSTANTIATED	10007303
STAFF ADEQUACY	NOT SUBSTANTIATED	

Date Complaint Received: 12/19/2005

Date Investigation Completed: 05/19/2006

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	10007303
HOMELIKE ENVIRONMENT & CLEANLINESS	NOT SUBSTANTIATED	
MEDICATIONS	SUBSTANTIATED	10007303
ADMINISTRATION	NOT SUBSTANTIATED	
STAFF ADEQUACY	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	

Date Complaint Received: 06/23/2004

Date Investigation Completed: 08/04/2004

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL PLANTS & SAFETY HAZARDS	SUBSTANTIATED	10007003
HOMELIKE ENVIRONMENT & CLEANLINESS	NOT SUBSTANTIATED	
ADMINISTRATION	NOT SUBSTANTIATED	
STAFF ADEQUACY	NOT SUBSTANTIATED	

Date Complaint Received: 04/22/2004

Date Investigation Completed: 08/04/2004

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ABUSE	NOT SUBSTANTIATED	
RESIDENT BEHAVIOR/FACILITY PRACTICE	NOT SUBSTANTIATED	

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Date Complaint Received: 09/09/2003

Date Investigation Completed: 04/21/2004

Subject Area(s)
STAFF ADEQUACY
PROGRAM SERVICES

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	

Date Complaint Received: 07/08/2003

Date Investigation Completed: 08/28/2003

Subject Area(s)
ABUSE
ADMINISTRATION

<u>Result</u>	<u>SOD #</u>
NOT SUBSTANTIATED	
NOT SUBSTANTIATED	

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